

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">93762.04</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">74248.96</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">20178.00</span>	<span style="border: 1px solid black; padding: 2px;">128225.03</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">94426.96</span>	<span style="border: 1px solid black; padding: 2px;">221987.07</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">542.87</span>	<span style="border: 1px solid black; padding: 2px;">128102.98</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">93884.09</span>	<span style="border: 1px solid black; padding: 2px;">93884.09</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18322.83

100515.77

(ii) Unitemized .....

1855.17

27189.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

20178.00

127705.40

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

20178.00

127705.40

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

519.63

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20178.00

128225.03

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

20178.00

128225.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	542.87	2102.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	542.87	2102.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	126000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	542.87	128102.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	542.87	128102.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20178.00	127705.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20178.00	127705.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	542.87	2102.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	519.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	542.87	1583.35

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Roland Levin**

Mailing Address 2637 Shadelands Dr

City

Walnut Creek

State

CA

Zip Code

94598-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Systems Development Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	5		

**Transaction ID : AE0012F1D33004EC7A5B**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Beth Britton**

Mailing Address PO Box 113

City

Graham

State

NH

Zip Code

03753-0113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN, Clinical Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : A27E33E6764AD409C9EB**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**c. Stephanie DeFranco**

Mailing Address 525 Sycamore Dr

City

Milpitas

State

CA

Zip Code

95035-7429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : A9E103235C6F34178AB6**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ►

506.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Grant Asay**

Mailing Address 1421 Champion Forest Ct

City State Zip Code  
Wheaton IL 60187-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

**Transaction ID : A7276F590A78C4E0F92C**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

## **B. Jayanta Ray**

Mailing Address 5215 N O Connor Blvd  
Ste 1100

City State Zip Code  
Irving TX 75039-3739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : A9DA5378A69DD476DA64**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

## **C. Nelson Coimbre**

Mailing Address 2219 Hollywood Blvd  
Ste 101

City State Zip Code  
Hollywood FL 33020-6760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Construction Estimator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.27

Date of Receipt

08 / 31 / 2015

**Transaction ID : A64693AC2E96147F5AFC**

Amount of Each Receipt this Period

34.62

Payroll Deduction: \$34.62/

**SUBTOTAL** of Receipts This Page (optional)..... ►

123.08

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Brian Silva**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources &amp; Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : A70DF0A78A27C468499B**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

Full Name (Last, First, Middle Initial)

**B. Robert P. Loeper**Mailing Address 1875 I St NW  
FI 12

City

Washington

State

DC

Zip Code

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : A89905100899848FAA9B**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Nicole Devore**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

**Transaction ID : AF53A956974BE47FA9D0**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Charles Lynch**Mailing Address 801 Pennsylvania Ave NW  
Ste 225

City	State	Zip Code
Washington	DC	20004-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4960.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : AF4ACB0A8C6904700864**

Amount of Each Receipt this Period

4960.57

Payroll Deduction: \$4960.57/

Full Name (Last, First, Middle Initial)

**B. Marion Andersen**

Mailing Address 475 W 13th St

City	State	Zip Code
Ogden	UT	84404-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Principal Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A625A5C24E22E4B2C8E4**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. William Perry**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A64D1638384B842919EB**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5050.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Kathleen Kawa**

Mailing Address 90 Glacier Dr

City

Westwood

State

MA

Zip Code

02090-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : A8AF1A4956E6D46C7AD6**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**B. Christine Hilado Klopp**

Mailing Address 516 W 5th Ave

City

Naperville

State

IL

Zip Code

60563-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinic Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : A229C069CE1EB4CE7A99**

Amount of Each Receipt this Period

150.00

Payroll Deduction: \$150.00/

Full Name (Last, First, Middle Initial)

**C. John Baldasaro**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : A78EAE299CDDC40FA899**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Shaw**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2015

Transaction ID : AD9B15A2FC0D145889D2

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. Michael Ramsey**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

Transaction ID : AF600A12839BC4651B22

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Michelle Cowens**

Mailing Address 516 Goldenwest St

City

Huntington Beach

State

CA

Zip Code

92648-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 31 / 2015

Transaction ID : A92B3AFBED7DF4C14A40

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Donald N Cantalupo**Mailing Address 100 Paterson Plank Rd  
Apt 313

City	State	Zip Code
Jersey City	NJ	07307-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : AD62ADBFE9F8B40EAB0C**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**B. Cynthia LaMunyon**Mailing Address 225 E Germann Rd  
Ste 230

City	State	Zip Code
Gilbert	AZ	85297-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A330F76D53A9A4A22A63**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**C. William McKinney**Mailing Address 2901 Via Fortuna  
Ste 600

City	State	Zip Code
Austin	TX	78746-7710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : ADB288027F85742BAB86**

Amount of Each Receipt this Period

140.00

Payroll Deduction: \$140.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jenny Lee Fischer**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

Transaction ID : A8A91A4AA29CA4B06989

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Catherine Dubinsky**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 31 / 2015

Transaction ID : A35D9639248894288B75

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Barbara Williams**

Mailing Address 5251 Dtc Pkwy  
Ste 700

City

Greenwood Village

State

CO

Zip Code

80111-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.53

Date of Receipt

08 / 31 / 2015

Transaction ID : AA796A3E13F3049E0BBB

Amount of Each Receipt this Period

16.00

Payroll Deduction: \$16.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

131.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Liam Walsh**

Mailing Address 1875 I St NW  
 FI 12

City State Zip Code  
 Washington DC 20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1139.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

**Transaction ID : A1C1BB3FC531F4C6DB18**

Amount of Each Receipt this Period

134.00

Payroll Deduction: \$134.00/

Full Name (Last, First, Middle Initial)

## **B. Maria Burke**

Mailing Address 129 W Trade St  
 Ste 1050

City State Zip Code  
 Charlotte NC 28202-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 VP Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

**Transaction ID : A615B76566B9C46E7A60**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

## **C. Michael Brosnan**

Mailing Address 61352 Bad Homburg, VHD

City State Zip Code  
 Germany ZZ 99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4934.96

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

**Transaction ID : A10113CD9A77D4D7DB59**

Amount of Each Receipt this Period

4934.96

Payroll Deduction: \$4934.96/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5128.96

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 16 OF 34  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Gordon Jee**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : AC4A8C8309F3B4291BE3

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Jayme Patterson**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : AAC50183C41AF41238BF

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. Edda Spinelli**Mailing Address 511 N Brookhurst St  
Ste 100

City

Anaheim

State

CA

Zip Code

92801-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : ACAD888ABDC31452E8BB

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional)..... ►

118.46

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Terri Carlton**

Mailing Address 1534 N Hoskins Rd

City State Zip Code  
Charlotte NC 28216-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

**Transaction ID : A8939FE1A3B854C0EB70**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Matthew D Kinser**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 31 / 2015

**Transaction ID : AF6FB773A7B3048FCB7E**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**c. Douglas G. Kott**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 31 / 2015

**Transaction ID : AC79E632138704A30B39**

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$384.60/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

499.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Donna M Painter**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : ADC787920D4D34414864**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**B. Mignon Early**

Mailing Address 124 Verdae Blvd

City

Greenville

State

SC

Zip Code

29607-3843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : A55B14D225D5D4B2588D**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

**C. Alexander Turfe**

Mailing Address 920 Winter St

Ste 4346

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : A1E9D4DF6DD004DB993E**

Amount of Each Receipt this Period

230.78

Payroll Deduction: \$230.78/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Michelle Gazella**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.50

Date of Receipt

08 / 31 / 2015

Transaction ID : A4D8C4F49047741FCA01

Amount of Each Receipt this Period

27.00

Payroll Deduction: \$27.00/

Full Name (Last, First, Middle Initial)

## **B. Lawrence Park**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, EHS & Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

973.20

Date of Receipt

08 / 31 / 2015

Transaction ID : A16E156C510C94C54B92

Amount of Each Receipt this Period

973.20

Payroll Deduction: \$973.20/

Full Name (Last, First, Middle Initial)

## **C. Allen Mills**

Mailing Address 210 N Church St  
Unit 2914

City

Charlotte

State

NC

Zip Code

28202-2387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 31 / 2015

Transaction ID : A4BBEAC70047D47DA902

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1077.12

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Terry L Ketchersid**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A79A550524FF742E68AE**

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$200.00/

Full Name (Last, First, Middle Initial)

**B. Tracey E Ramsey Abbott**Mailing Address 8620 Burnet Rd  
Ste 400

City

Austin

State

TX

Zip Code

78757-7034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN COM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A2D3E839B45A8442BB61**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. Donna McCarthy**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1961.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A0EFEB71D06274173A6F**

Amount of Each Receipt this Period

230.76

Payroll Deduction: \$230.76/

**SUBTOTAL** of Receipts This Page (optional)..... ►

470.76

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Wendy Schrag**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy &amp; Gov Affai

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : A9C636C5211DB466BA08**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**B. Julia Brennan**

Mailing Address 8 King Rd

City

Rockleigh

State

NJ

Zip Code

07647-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : AF9BD1EBD36F040F6B89**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. James Pearce**

Mailing Address 1875 I St NW

FI 12

City

Washington

State

DC

Zip Code

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RQM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : AA3F9A78B772E4FDFB25**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. David Gillon**Mailing Address 100 Galleria Pkwy SE  
Ste 500

City	State	Zip Code
Atlanta	GA	30339-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : AE5C07B29ADCD4BDC801**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Monica Cobb**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : AB762B29A2104449C840**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Lisa Dombro**

Mailing Address 927 Prairie Ave

City	State	Zip Code
Park Ridge	IL	60068-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A8336179C3D014384B11**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

**SUBTOTAL** of Receipts This Page (optional)..... ►

461.54

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Nicholas Brownlee**

Mailing Address 1875 I St NW  
 FI 12

City State Zip Code  
 Washington DC 20006-5409

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

Transaction ID : ADE138440469547D59E8

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$384.60/

Full Name (Last, First, Middle Initial)

**B. Joseph H Johnston**

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

Transaction ID : A1B52728B26274473BA8

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**C. Mary Jo Davis**

Mailing Address 1 Westbrook Corporate Ctr  
 Ste 1000

City State Zip Code  
 Westchester IL 60154-5700

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2015

Transaction ID : A6C20B3A0CD154F9B861

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$24.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

458.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Erma Hall**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : A37E98DA3E2FA43E4BD7**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$76.00/

Full Name (Last, First, Middle Initial)

**B. David Cariello**

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP of Real Estate & Construction Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : AD95DFF678D834A609D1**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Kim Sonnen**Mailing Address 1875 I St NW  
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

**Transaction ID : A4BA30C815D6C4310B78**

Amount of Each Receipt this Period

260.00

Payroll Deduction: \$260.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

412.92

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Tully**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Mgr Corp Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 31 / 2015

Transaction ID : A6E99ACED19504095866

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**B. Sandra Geraci**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2015

Transaction ID : A482FBC11398B4F23814

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$80.00/

Full Name (Last, First, Middle Initial)

**C. Judith Moran**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

Transaction ID : AB9D3280DE534411FA24

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

148.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Perritano**

Mailing Address 111 E Elizabeth St

City	State	Zip Code
Clinton	NC	28328-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : A93EF51FBF477414EB4B

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**B. Deborah Harvey**Mailing Address 100 Galleria Pkwy SE  
Ste 500

City	State	Zip Code
Atlanta	GA	30339-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : A6DECEDEBE7F84BDD9C:

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$300.00/

Full Name (Last, First, Middle Initial)

**C. Joseph Ruma**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : A51C8E613FD3D46059C2

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

SUBTOTAL of Receipts This Page (optional)..... ►

390.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Anthony Hayes**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : A4D1756F078FD42BE8EC

Amount of Each Receipt this Period

62.00

Payroll Deduction: \$62.00/

Full Name (Last, First, Middle Initial)

**B. Charles E Brown**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : A323DDD0865E54C8CBD0

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. Joseph Winslow**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems &amp; Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : A192E06BC6B0F4A0E90F

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$80.00/

SUBTOTAL of Receipts This Page (optional)..... ►

182.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Patrick McCarthy**

Mailing Address 82 Belcher Dr

City	State	Zip Code
Sudbury	MA	01776-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : AB6E2B721483746848C7

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$240.00/

Full Name (Last, First, Middle Initial)

**B. Mark R Fawcett**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : AF559700D3BD24EECB9B

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Jeffrey Hymes**Mailing Address 750 Old Hickory Blvd  
Ste 230

City	State	Zip Code
Brentwood	TN	37027-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : AA3E5429F5DB945098EB

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$200.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

478.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Zabetakis**Mailing Address 1875 I St NW  
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A1005EFF1D6EA4B0F95E**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Manikandan Pandi**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : ACADACE4FA4FC4C0D90/**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. William Crawford**Mailing Address 100 Galleria Pkwy SE  
Ste 1200

City	State	Zip Code
Atlanta	GA	30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : A7C50CFEE69654706A16**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ▶

153.84

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Carol A Ernst**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 31 / 2015

**Transaction ID : AD3B72FCE07F54795A59**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Peter Sauer**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : A31C2BFF00E3347E1A26**

Amount of Each Receipt this Period

110.00

Payroll Deduction: \$110.00/

Full Name (Last, First, Middle Initial)

**c. Nancy Diane Carter**

Mailing Address 1607 Revella Arch

City

Chesapeake

State

VA

Zip Code

23322-6991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2015

**Transaction ID : A8094B7414B8F4A18B51**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

236.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 31 OF 34  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Robert D Crick**
 Mailing Address 3501 Moyers Cir  
 Ste 200

City	State	Zip Code
Masonic Home	KY	40041-9035

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : AE67BD18B1EBE4817A8F

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Geronia F Parlier**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : ACBB10AEEAFD94628889

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. James Easterbrook**
 Mailing Address 4646 N Greenview Ave  
 Unit 10

City	State	Zip Code
Chicago	IL	60640-7014

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : A44AA963D30914254B8E

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

106.92

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Christopher Fonvielle**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : A60E374AF4DD14A66AE2

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$24.00/

Full Name (Last, First, Middle Initial)

**B. Andrew Holstein**Mailing Address 630 W Germantown Pike  
Ste 100

City

Plymouth Meeting

State

PA

Zip Code

19462-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : AD8D609205B054F02BA0

Amount of Each Receipt this Period

35.00

Payroll Deduction: \$35.00/

Full Name (Last, First, Middle Initial)

**C. Steven P Covino**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : AADD7D54A1FE143ED845

Amount of Each Receipt this Period

96.16

Payroll Deduction: \$96.16/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.16



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Sepucha**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

**Transaction ID : AE83DBA84940C42FF86C**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

Full Name (Last, First, Middle Initial)

**B. William Fink**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

**Transaction ID : A67DC7140374E43C088D**

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$100.00/

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

484.62

18322.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City	State	Zip Code
Owings Mills	MD	21117-5134

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : B6A2A519177B14413859

Amount of Each Disbursement this Period

542.87
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

542.87
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542.87
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